

### **BREAST SURGEON SHORT-TERM FOLLOW UP**

**If the surgeon would like to see a client at a second follow-up visit (in other words, the client has already had an initial visit [CPT code 99203] and a first follow-up visit [CPT code 99242] which is more than three months from the date of her initial office visit with the surgeon, the client will start a new screening cycle by:**

1. Follow-up coordinator sends a certified reminder letter to the client 3 to 4 weeks prior to the client's appointment (due month) to see the surgeon. The letter should cover the following items (please see UCCP model letter):
  - A paragraph reminding the client that she is due for her follow-up
  - The doctor's name and address
  - A paragraph indicating that it is of paramount importance that the client needs to call the state office to be re-enrolled in the program (to initiate a new screening cycle)
2. If in four weeks the client has not called the state office, the follow-up coordinator has to make two phone call attempts (documented) to notify the client about her follow-up visit.
3. Once the client contacts the state staff member. A copy of the previous enrollment (EF) is made, under the section "to be completed by the screener" please enter one of the following options:
  - If the previous mammogram has been negative. We check the box number 4: "A mammogram is not needed at this time". A breast referral is issued only and appointment is made for the client directly by phone. Breast referral can be faxed, the reason in the breast referral should state: " \*\*\* months follow-up"
  - If the previous mammogram indicates that client also needs to have a repeated radiology study, then enter abnormality suspicious for cancer and copy what the screener or the radiologist found during the previous mammogram (increased density, or a hypoechoic finding would be a lump). Issue both a Diagnostic Voucher for a repeated mammogram and a Breast referral for a repeated breast exam with MD.
4. The client may have a maximum of **THREE** visits to the breast surgeon in a single screening cycle.
5. The follow-up coordinator needs to verify client's compliance with physician recommendations as stated in the UCCP breast referrals follow-up guidelines.

## **RADIOLOGY SHORT-TERM FOLLOW UP**

### **UCCP policy for follow-up radiological procedures that it takes place three or more months from the initial mammogram**

If the radiologist recommends that the client undergo a radiological procedure at second follow-up visit which more than three months from the date of her initial radiological procedure, the client needs to call us for re-enrollment (in other words, the client needs to start a new screening cycle).

1. The radiologist considers any follow-up mammogram or US a diagnostic. Therefore, when appointments are made we need to emphasize that is for a "follow-up visit". (the clinical staff needs to reassure the radiology department that even though some vouchers will be marked as a "screening" the UCCP will reimburse for a diagnostic procedure).
6. Follow-up coordinator sends a certified reminder letter (actually two letters one for the screener and one for the radiologist) to the client 3 to 4 weeks prior to the client's appointment (due month) at the mammography facility. The letter should cover the following items:
  - A paragraph reminding the client that she is due for her follow-up
  - The facility name and address
  - A paragraph indicating that it is of **paramount importance** that the client needs to call the state office for re-enrollment
  - A paragraph indicating that is important that the client take with her the letter addressed to the radiologist at the time of her appointment to assure that she receives the appropriate study.
7. If no call is received from the client within two months that letter was sent; the state office staff should at least document two phone calls attempts to reach the client to remind her that she is due for her repeated radiology study (mammogram or/and ultrasound).
8. When the client contacts the state office for direct enrollment. A copy of the previous enrollment (EF) is made, the entered information is based on:
  - **Previous enrollment indicates a normal CBE:**  
Enter the information as it is in the actual EF and provide the client with a screening voucher for a Mammogram and mark box number 28 "no" (" physician referral planned"= no).
  - Previous enrollment indicates an abnormal CBE:  
Client received a DM and a BR in the past. To fill out the new EF; we have to go by the final diagnosis made by the surgeon that saw the client the previous screening cycle and proceed as indicated:
    - (a) **Normal Exam:** Mark in the EF "normal breast exam" and provide the client with a voucher only and make an appointment to see the radiologist, therefore no BR is given. Please fax the voucher plus the radiologist letter to the facility.

- (b) **Abnormal exam:** write in the EF abnormal CBE and provide the client with both BR and voucher (diagnostic). Chances are that the surgeon is also requiring seeing the client in 4-6 months.

4. Follow-up according to UCCP protocols until the case is closed or completed.

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